



Permit Type
Permit Number

Demolition Permit
[Redacted]

Date 1/19/2018

Community Development

Phone: (573) 364-5333

Fax: 573 426-6978

PARCEL

Address: 109 B RUCKER STREET

Account Number:

Subdivision:

Block:

Lot(s):

Zoning:

Applicant

Name:

Address: [Redacted] ST.
CLAIR, MO 63077

Phone: 636-236-0612

Owners

Name:

Address: [Redacted]
: NIGUEL 92677

Phone:

Contractor(s)

Name: CROCKER HAULING &
INVESTMENTS

Phone: 6362360612

Address: [Redacted] ST. CLAIR MO 63077

Description

Project Description: DEMO BLDG

Purpose:

Fees and Deposits

Commercial Demolition: \$85 + Deposit: \$85.00
: \$500.00

Total Charged: \$585.00

Permit Issued by: [Redacted]

Preparer: [Redacted]

Note: The property owner is responsible for complying with all easements, setbacks, covenants, restrictions, usage regulations, or any other requirements which a current title search may disclose.

I certify that I have read and understand all requirements of this permit and agree to comply with the requirements.

Received by: _____

Date: 01/19/2018



Permit Type
Permit Number

Demolition Permit
[Redacted]

Date 1/19/2018

Community Development

Phone: (573) 364-5333

Fax: 573 426-6978

PARCEL

Address: 111 RUCKER STREET

Account Number:

Subdivision:

Block:

Lot(s):

Zoning:

Applicant

Name:

Address: [Redacted] ST
CLAIR, MO 63077

Phone: 636-236-0612

Owners

Name:

Address: [Redacted]
: NIGUEL 92677

Phone:

Contractor(s)

Name: CROCKER HAULING &
INVESTMENTS

Phone: 6362360612

Address: 126 ROCKY RIVER RD ST. CLAIR MO 63077

Description

Project Description: DEMO BLDG

Purpose:

Fees and Deposits

Commercial Demolition: \$85 + Deposit: \$85.00
: \$500.00

Total Charged: \$585.00

Permit Issued by: [Redacted]

Preparer: [Redacted]

Note: The property owner is responsible for complying with all easements, setbacks, covenants, restrictions, usage regulations, or any other requirements which a current title search may disclose.

I certify that I have read and understand all requirements of this permit and agree to comply with the requirements.

Received by: _____

Date: 01/19/2018

City of
ROLLA



Permit Type
Permit Number

Demolition Permit

Date 2/12/2018

Community Development

Phone: (573) 364-5333

Fax: 573 426-6978

PARCEL

Address: 410 Highway 72 West

Account Number: 8305.00

Subdivision: ROLLA PARK

Block: 0

Lot(s): 31

Zoning: R-1

Applicant

Name:

Owners

Name:

Lahontan LLC

Address: [REDACTED] St Clair, MO
63077

Address

: 92677-9210

Phone: 636-236-0612

Phone:

Contractor(s)

Name: CROCKER HAULING &
INVESTMENTS

Phone: 636-236-0612

Address: [REDACTED] ST. CLAIR MO 63077

Description

Project Description: Demolition Single Family Home

Purpose:

Fees and Deposits

Final Deposit Contractor: \$200.00
Residential Demolition: \$40 + Deposit: \$40.00

Total Charged: \$240.00

Permit Issued by:

Preparer:

Note: The property owner is responsible for complying with all easements, setbacks, covenants, restrictions, usage regulations, or any other requirements which a current title search may disclose.

I certify that I have read and understand all requirements of this permit and agree to comply with the requirements.

Received by:

Date: 02/12/2018